State/Territory: UTAH

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

___ Provided _X_ Not Provided

42 CFR
440.10

INPATIENT HOSPITAL SERVICES

DEFINITION

Inpatient Hospital Service means service provided in a hospital licensed by the Utah Department of Health as a hospital - general as defined by the Utah Code Annotated, Section 26-21-2(8), 1990, as amended; and by Utah Administrative Code, R432-100-1 and R432-100-2.101, 1992, as amended.

LIMITATIONS

1. The lower of the Western Region Professional Activities Study at the 50th percentile or the State of Utah's 50th percentile will be established as the upper limit of length of stay as a utilization control for the most frequent single cause of admission. These criteria will be used to evaluate the length of stay in hospitals that are not under the DRG payment system.

2. Need for an extension of length of stay must be justified by a physician, and reauthorization must be obtained from the Medicaid Agency for hospitals that are not under the DRG payment system.

3. Inpatient hospital psychiatric counseling services provided under personal supervision, rather than directly by the physician, are not provided in all hospitals in the state, and therefore, are noncovered services.

4. Inpatient hospital care for treatment of alcoholism and/or drug dependency is not a service provided in all hospitals in the state, and therefore, the service is limited to acute care for detoxification only.

5. Procedures determined to be cosmetic, experimental, or of unproven medical value, are noncovered services.

6. Organ transplant services are limited to those procedures for which selection criteria have been approved and documented in ATTACHMENT 3.1-E.

7. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).

8. Selected medical and surgical procedures are limited by federal regulation and require review, special consent, and approval. A list will be maintained in the Medicaid Inpatient Hospital Provider Manual.

9. Except for item 7 above, the Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:

   a. that the proposed services are medically appropriate; and

   b. that the proposed services are more cost effective than alternative services.

42 CFR
440.20

OUTPATIENT HOSPITAL SERVICES

DEFINITION

Outpatient Hospital means a facility that is in, or physically connected to, a hospital licensed by the Utah Department of Health as a hospital - general as defined by Utah Code Annotated, Section 26-21-2(8), 1990, as amended; and by Utah Administrative Code, R432-100-1 and R432-100-2.101, 1992, as amended.

LIMITATIONS

1. Procedures determined to be cosmetic, experimental, or of unproven medical value, are not a benefit of the program.

2. Outpatient hospital psychiatric counseling services provided under personal supervision, rather than directly by the physician, are not generally furnished by most hospitals in the state, and therefore, are noncovered services.

3. Abortion services, except as covered under ATTACHMENT 3.1-A, (Attachment #5a).

4. Selected medical and surgical procedures are limited by federal regulation and require review, special consent, and approval. A list will be maintained in the Medicaid Outpatient Hospital Provider Manual.

5. Except for item 3 above, the Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:

   a. that the proposed services are medically appropriate; and

   b. that the proposed services are more cost effective than alternative services.

Skilled nursing facility services (other than services in an institution for mental disease) for individuals 21 years of age or older determined, in accordance with Section 1902(a)(28) of the Act, to be in need of such care.

In accordance with Section 1919(7)(7) of the Act, personal hygiene items and services may be charged to the patient's personal needs fund. The following limitations apply:

Limitations

1. The following personal hygiene items and services may, at the request of the patient or the patient's advocate, be charged to the patient's personal needs fund:

   a. Personal grooming services such as cosmetic hair and nail care;

   b. Personal laundry services;

   c. Specific brands of shampoo, deodorant, soap, etc., requested by the patient or the patient's advocate and not ordinarily supplied by the nursing home as required in 2(a) and (b) below.

2. In accordance with State Plan amendment 4.19-D, Nursing Home Reimbursement, the following personal hygiene items and services may not be charged to the individual's personal needs fund:

   a. Items specific to a patient's medical needs, such as protective absorbent pads (such as Chux), prescription shampoo, soap, lotion, etc.

   b. General supplies needed for personal hygiene such as tooth paste, shampoo, facial tissue, disposable briefs (diapers), etc.

3. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:

   a. that the proposed services are medically appropriate; and

   b. that the proposed services are more cost effective than alternative services

State: UTAH

Medically necessary services not otherwise provided under the State plan but available to EPSDT (CHEC) eligibles

Other necessary health care, diagnostic services, treatment, and other measures described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by EPSDT (CHEC) screening services will be provided when medically necessary to EPSDT eligibles. Services not provided under the plan but now available to EPSDT eligibles if medically necessary are:

Occupational Therapy

Orthodontia

Medical or other remedial care provided by licensed practitioners:

Chiropractic services

MEDICALLY NECESSARY SERVICES NOT OTHERWISE PROVIDED UNDER THE STATE PLAN BUT AVAILABLE TO EPSDT (CHEC) ELIGIBLES

Diagnostic, Preventive, Rehabilitative Services (42CFR 440.130)

A. Early intervention services are diagnostic and treatment services to prevent further disability and improve the functioning of infants and toddlers up to age four with disabilities.

(1) individual or group therapeutic interventions to ameliorate motor impairment, sensory loss, or communication deficits; and

(2) information and skills training to the family to enable them to enhance the health and development of the child.

B. Skills development services are medically necessary diagnostic and treatment services provided to children between the ages of 2 and 22 to improve and enhance their health and functional abilities and prevent further deterioration. Services include:

(1) individual or group therapeutic interventions to ameliorate motor impairment, sensory loss, communication deficits, or pscho-social impairments; and

(2) information and skills training to the family to enable them to enhance the health and development of the child.

Services may be provided at the early intervention site, day care site, in the child's home, at the child's school as needed in accordance with the Individualized Family Service Plan (IFSP) or the Individualized Educational Plan (IEP). Children between the ages of 2 and 4 will be served in the setting that best meets their needs in accordance with the IFSP or IEP. All services are prescribed in accordance with state law.

Early intervention and skills development services are provided by or under the supervision of:

a. a licensed physician, registered nurse, dietician, clinical social worker, psychologist, audiologist, speech and language pathologist, occupational therapist, physical therapist, practicing within the scope of their license in accordance with Title 58, Occupational and Professional Licensing (Utah Code Annotated, as amended 1953); or

b. an early childhood special educator certified under Section 53A-1-402 of the Utah Code Annotated, as amended 1953); or

c. qualified mental retardation professional (QMRP) as defined in 42CFR 483.430.

Qualified providers include entities operated by or under contract with the state Maternal and Child Health Title V Grantee agency responsible for Part H of the Individual with Disabilities Education Act (PL 102-119) to provide early intervention services; or school districts that provide special education and related services under Part B of the Individuals with Disabilities Education Act.

42 CFR 440.130

OTHER DIAGNOSTIC, SCREENING, PREVENTIVE, AND REHABILITATIVE SERVICES

LIMITATIONS

42 CFR 440.130(a) (c) and (d)

Diagnostic, Preventive, and Rehabilitative Services for EPSDT Participants

Diagnostic, preventive, and rehabilitative health services for EPSDT participants provided by or through a Maternal and Child Health (Title V grantee) Clinic are covered benefits. Such services may be provided in other settings as appropriate.

Services are recommended by a physician and delivered according to a plan of care that is reviewed periodically by the physician. Services, including early intervention services, are provided by a licensed practitioner, including a licensed physician, registered nurse, dietician, clinical social worker, psychologist, audiologist, speech and language pathologist, occupational therapist, or physical therapist practicing within the scope of their license in accordance with Title 58, Occupational and Professional Licensing, of the Utah Code Annotated 1953, as amended.

Page 4 of ATT 4-b 3.1 B

deleted by 95-014
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eff 10/01/95

Medically necessary services not otherwise provided under the State plan but available to EPSDT (CHEC) eligibles

Targeted case management for EPSDT-eligibles for whom the service is determined to be medically necessary. Targeted case management services will be considered medically necessary when a needs assessment completed by a qualified targeted case manager documents that:

a. The individual requires treatment and/or services from a variety of agencies and providers to meet his or her documented medical, social, educational and other needs; and

b. There is a reasonable indication that the individual will access needed services only if assisted by a qualified targeted case manager who (in accordance with an individualized case management service plan) locates, coordinates and regularly monitors the services.

Definition of Services:

A. Targeted case management is a service that assists the eligible clients in the target group to gain access to needed medical, social, educational and other services. The overall goal of the service is not only to help Medicaid recipients to access needed services, but to ensure that services are coordinated between all agencies and providers involved.

B. The following activities/services are covered by Medicaid under targeted case management:

(1) assessing and documenting the client's need for community resources and services;

(2) developing a written, individualized and coordinated case management service plan to assure the client's adequate access to needed medical, social, educational and other related services with input, as appropriate, from the client, family and other agencies knowledgeable about the client's needs;

(3) linking the client with community resources and needed services, including assisting the client to establish and maintain eligibility for entitlements other than Medicaid;

(4) coordination of the delivery of services to the client including CHEC screenings and follow-up;

(5) monitoring the quality and appropriateness of the client's services;

(6) instructing the client or caretaker as appropriate, in independently obtaining access to needed services for the client;

(7) assessing, periodically, the client's status and modifying the targeted case management service plan as needed; and

(8) monitoring the client's progress and continued need for targeted case management and other services.

C. Covered services provided to patients in a hospital, nursing facility or other institution may be covered only in the 30-day period prior to the patient's discharge into the community. This service is limited to nine hours of reimbursement pr year for CHEC eligibles.

TRANSMITTAL NO. 94-017
Date Approved 10/06/94
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Supersedes Transmittal 93-002

Qualified Providers

A. Medicaid providers of targeted case management services to CHEC-Medicaid eligible recipients may include:

1. Independent Professional - An individual who:

   a. is licensed as a clinical or certified social worker and practicing within the scope of his/her license in accordance with Title 58, Occupational and Professional Licensing, Utah Code Annotated, 1953 as amended;

   b. has at least five years experience providing case management to the target group;

   c. has current malpractice insurance of at least $1,000,000; and

   d. has filed an approved targeted case management Provider Agreement with the Division of Health Care Financing.

2. Agencies that specialize in providing case management services to children - An agency that:

   a. is licensed by the Department of Human Services as a child placement agency or an agency that receives Title V funding and has statutory responsibility for services to children with special health care needs; and

   b. employs or contracts with licensed physicians, registered nurses, licensed psychologists, licensed physical therapists, licensed occupational therapists, licensed social workers, and/or licensed social service workers to provide case management services. The agency may utilize non-licensed individuals to provide targeted case management services, if the individual has education and experience related to high risk children and adolescents and has successfully completed a targeted case management course approved by the DHCF. The DHCF will approve training curriculums that include:

      i. detailed instruction in the Medicaid targeted case management provider manual requirements, and methods for delivering and documenting covered case management services;

      ii. up-to-date information on community resources, and how to access those resources; and

      iii. techniques and skills in communicating successfully with clients and other agency/provider personnel.